

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-870)							SERIAL NO. 545678		FILING DATE 4-7-00		
							APPLICANT(S)				
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1						61				
2							62				
3							63				
4							64				
5							65				
6							66				
6							66				
7							67				
8							68				
9							69				
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12							72				
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18							78				
19							79				
20							80				
21							81				
22							82				
23	1						83				
24							84				
25							85				
26							86				
27							87				
28							88				
29							89				
30							90				
31							91				
32							92				
33							93				
34	1						94				
35							95				
36							96				
37							97				
38							98				
39							99				
40							100				
41											
42											
43											
44											
45											
46											
46											
47											
48											
49											
50											
TOTAL IND.	3						TOTAL IND.				
TOTAL DEP.	55						TOTAL DEP.				
TOTAL	58						TOTAL				